

# Labor Condition Application for H-1B

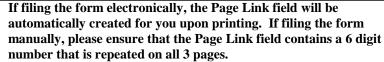
# U.S. Department of Labor

Employment and Training Administration

Form ETA 9035

OMB Approval: 1205-0310 Expiration Date: 19 JAN 2004

A. Employer's Infor	mation									JAN 2004
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2. Employer's Full Lega	1 Name	Fax Numb	er blank.		(		] <b>/</b> _		╛╹┖	
3. Employer's Address (	Number and S	treet)								
									D + 16	
4. Employer's City							State		Postal C	Code
5. Employer's EIN Num	ber		6. Employ	er's Phone ]	Number		$\Box$		Exten	sion
-			(	)						
B. Rate of Pay			3. Rate is Pe	r:		4. Is thi	is positic	n •	Please	Note:
1. Wage Rate (or Rat	te From) (Requ	uired):	Year	We	ek		time?	!	Part-ti	me hours
\$			O Tear	<u> </u>	·CIL		) Yes		worked	l by migrant(s) will
2. Rate Un To (Ontio	mal):		○ Month	○ Ho	our		) 165		be in tl	ne range of
\$			2 Weeks	5			) No			stated on the orm(s) I-129.
Ψ			<u> </u>						11010	71m(s) 1-12).
C. Period Of Employ	ment and O	ccupation	Information							ate Information
		-							3 53 5 7	T /T /T /T /T /
1. Begin Date				1 Cada						D/YYYY format
	/		3. Occupations				4. Num	ber of H-	1B Noni	mmigrants
	/		3. Occupationa	456			4. Num	aber of H	1B Noni	mmigrants
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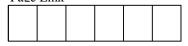
### **Labor Condition Application for H-1B** Nonimmigrants

# **U.S. Department of Labor Employment and Training Administration**

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O. Subsect	ion A Information For Additional or Subsequ	ent Work Location							
	1. City	State							
This Secti	ion								
should be									
completed		3. Wage is Per: 4. Wage Source If OTHER							
only if fil	ing \$	Year Week SESA chosen as							
for more		Wage Sou Collective Numbers							
than 1 wo	rk 5. Year Source Published	Month Hour Bargaining and 6 in the							
location.	J. Tear Source Lubrished	Agreement section							
		2 Weeks Other MUST be filled out.							
6. Other	Wage Source		٦						
			٢						
E. Emplo	oyer Labor Condition Statements								
		d, you MUST read section E of the Labor Condition Application							
00.02	pages under the heading "Employer Labor Condit arized below:	ion Statements" and agree to all 4 labor condition statements							
		ge or the employer's actual wage, whichever is higher, and pay for							
	productive time. Offer nonimmigrants benefits on the								
	non-productive time. Oner nonlinning tants benefits on the same basis as 0.5. workers.								
		mmigrants which will not adversely affect the working conditions of							
work	ers similarly employed.								
(3) Strik	(3) Strike, Lockout, or Work Stoppage: No strike or lockout in the occupational classification at the place of employment.								
(4) Notice: Notice to union or to workers at the place of employment. A copy of this form to H-1B workers.									
I have read and agree to Employer Labor Condition Statements 1, 2, 3, and 4 as set forth in Section E of the Labor Condition Application Cover Pages.									
	tional Employer Labor Condition Statments		_						
		ssed, you MUST read Section F - Subsections 1 and 2 of the Labor "Additional Employer Labor Condition Statements" and choose on	^						
		ction 1. If you mark Alternative B, you MUST read Section F -	e						
		dditional Employer Labor Condition Statements" and indicate your							
agr	eement to all 3 additional statements summarized	pelow in Subsection 2.							
1. Subsec	etion 1	2. Subsection 2							
Choose	ONE of the following 3 alternatives:	If Alternative B in Subsection 1 is marked, the following							
		Additional Labor Condition Statements are applicable:							
$\mathtt{A} \ \bigcirc$	Employer is not H-1B dependent and is not a	A. Displacement: Non-displacement of the U.S. workers in							
	willful violator.	employer's work force;							
в	Employer is H-1B dependent and/or a willful	D. Cooondow Disulacement. Non-disulacement of U.C.							
	violator.	B. Secondary Displacement: Non-displacement of U.S. workers in another employer's work force; and							
c 🔾	Employer is H-1B dependent and/or a willful	norkers in another employer s work force, and							
	violator BUT will use this application ONLY to	C. Recruitment and Hiring: Recruitment of U.S. workers and							
	support H-1B petitions for exempt nonimmigrants.	hiring of U.S. worker applicant(s) who are equally or							
	avanamings was to	better qualified than the H-1B nonimmigrant(s).							
		I have read and agree to Additional Labor Vog No							
		Conditional Statements 2 A, B, and C.							
Page	e Link If filing the form e	lectronically, the Page Link field will be	_						



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### G. Public Disclosure Information

Public disclosure information will be kept at:	You must choose one of the two options listed in this
Employer's principal place of business	Section.
O Place of employment	
H. Declaration of Employer	
By signing this form, I, on behalf of the employer, attest that the information and la true and accurate; that I have read the sections E and F of the cover pages (Form I with the Labor Condition Statements as set forth in the cover pages and with the D part 655, Subparts H and I). I agree to make this application, supporting document officials of the Department of Labor upon request during any investigation under the support of the section of the Department of Labor upon request during any investigation under the sections of the sections of the Department of Labor upon request during any investigation under the sections of the sections of the Department of Labor upon request during any investigation under the sections of the section of the sections of the section of the sectio	ETA 9035CP), and that I agree to comply Department of Labor regulations (20 CFR tation, and other records, available to
1. First Name of Hiring or Other Designated Official	
2. Last Name of Hiring or Other Designated Official	
3. Hiring or Other Designated Official Title	
4. Signature - Do NOT let signature extend beyond the box	5. Date //
1. Contact Information  1. Contact First Name  2. Contact Last Name  3. Contact Phone Number  ( ) - Extension	
J. U.S. Government Agency Use Only	
By virtue of my signature below, I hereby acknowledge this application certified for  Date Starting and Date Ending	
Signature and Title of Authorized DOL Official ETA Ca	se Number Date
The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy	of a certified labor condition application.
K. Complaints	
Complaints alleging misrepresentation of material facts in the labor condition application and/or condition application may be filed with any office of the Wage and Hour Division of the United alleging failure to offer employment to an equally or better qualified U.S. worker, or an employed of employment, may be filed with: U.S Department of Justice * 10th Street and Constitution Av	States Department of Labor. Complaints er's misrepresentation regarding such offer(s)

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